

**INACTIVE TO ACTIVE LICENSE  
STATUS CHANGE**

3620 (NEW 2/07)

**Please type or print clearly in ink. Be sure to provide all information.  
Allow 30 days for your license request to be processed.**

*For Office Use Only:*

Cashiering No.: \_\_\_\_\_

Amt Paid: \_\_\_\_\_

**VITAL INFORMATION**

Legal Name (as it appears on your license) \_\_\_\_\_

License Type and Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Current Address of Record \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Residence Phone \_\_\_\_\_

Request is hereby made for my license to be changed from an inactive license to an active license. I have completed the continuing education required to activate an inactive license. During the time I had an inactive license, I did not engage in any activity for which an active license is required.

Please initial below

\_\_\_\_\_ I understand that I must pay a replacement fee of \$ 10.00 to reactivate my license and that I **must return my inactive license** (fee and license enclosed).

\_\_\_\_\_ I understand that I must pay a replacement fee of \$ 10.00 to reactivate my license. (fee enclosed) **I am not returning my inactive license** with this request **because** it has been:

**Please circle one**

LOST

STOLEN

DESTROYED

NEVER RECEIVED

**NOTE:** The only exception to the requirement of returning your inactive license is if it has been lost, stolen, destroyed or the original was never received. If your license has been mutilated, the document to be replaced must be returned.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This declaration is executed on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date Ordered: \_\_\_\_\_ By: \_\_\_\_\_

# IMPORTANT INFORMATION

When reactivating your license, please remember to return your “INACTIVE” license with this request.

To activate your license, the required hours of CE must have been completed within 2 years prior to the postmarked date of this request.

## DO NOT SUBMIT PROOF OF CE WITH THIS REQUEST

A renewal period is defined in the CCR section 1887 as the two-year period which spans from a license’s expiration date to the license’s next expiration date.

For activation, the licensee can count CE hours back for two years based on the post-marked date on the activation form. Any CE hours completed in the prior renewal period **CANNOT** be used toward the upcoming renewal.

You may earn no more than 1/2 of the total hours required through self-study courses.

**No less** than 80% of the hours must be category I type courses.

**No more** than 20% of the hours can be category II type courses.

All licensees must complete a CPR course approved by the American Red Cross or the American Heart Association for every renewal. These hours will count toward the 80% of category I type courses required.

***For additional clarification, please call the board at (916) 574-7830.***

## NAME CHANGES

If you have a name change that you would like to have processed with this form, you must submit a copy of your marriage certificate, divorce decree or court order.

**NOTE:** Drivers license and Social Security card are not acceptable as proof of a legal name change.